

ing accurate and reliable results. These tablets give an unvarying and accurate quantity of the allergen in an isotonic salt solution. They are stable and should keep indefinitely. The cost is negligible, and they can be made by any competent pharmacist.

There is no doubt that the intracutaneous method of using these tests is of much greater value than the cutaneous method, and in adopting a simple, reliable uniform technic, I believe they can be made a valuable aid in our routine work.

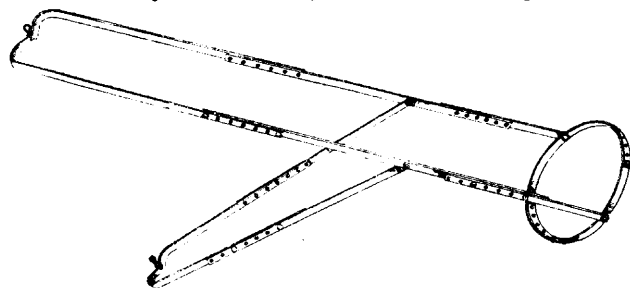
A very serious objection to the older method has been the numerous positive reactions obtained. This error might have been due to the fact that excessive quantities of the allergens were used.

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#### A UNIVERSAL THOMAS SPLINT

FREDERICK C. WARNSHUIS, M.D., GRAND RAPIDS, MICH.

The value of a Thomas splint in the treatment of fractured femurs, tibias and fibulas is universally recognized. Considerable difficulty has been experienced in keeping on hand



Universal Thomas splint.

splints of proper sizes. Even though one may have a dozen assorted sizes, there are occasions when not one of them is suitable.

To remedy the condition I have had made a universal Thomas splint as represented in the illustration. Its features are:

1. It is adjustable to almost any sized limb, because: (a) the ring is adjustable and can be enlarged or decreased in size; (b) the distance from the ring to the knee can be increased or decreased; (c) the length from the knee to the ankle can be decreased or increased, and (d) the extension bar can be lengthened or shortened.
2. An ordinary screw-driver is all that is required.
3. The ring may be readily padded to the proper size.
4. It is collapsible and can be carried in a compact space.
5. It has the hinged extension, permitting passive motion of the knee joint at all times.
6. It obviates the necessity of having a large number of Thomas splints on hand.
7. If plated, it will not rust.

#### POISONING BY SHOE DYE

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Nellie M., aged 3 years, had her shoes dyed at 5 o'clock in the afternoon. At 8 the same evening, the mother noticed some blueness of the lips, and at 8:30, when I saw her, her appearance was alarming; the face and hands were very pale, and the lips and finger nails markedly cyanotic. The child was irritable and behaved as if tired. The pulse was 134, heart action regular but agitated, and there was a systolic murmur, heard all over the precordium. The temperature apparently was not elevated, and there were no respiratory or gastro-intestinal symptoms. The eyes, mouth and throat were negative except for cyanosis of the lips and tongue. During examination, the odor from the freshly dyed shoes was very noticeable. With fresh air and rest in bed during the night, the cyanosis gradually cleared up, and the next morning the appearance and condition of the child showed nothing abnormal. When seen again a week later she was perfectly well, and there had been no return of the cyanosis.

#### REPORT OF CASE OF TWIST OF FALLOPIAN TUBE\*

GAYLORD T. BLOOMER, M.D., DETROIT

On account of its apparent rarity, this case seems sufficiently interesting to report, since careful search of the literature<sup>1</sup> to date reveals only twelve reported cases.

#### REPORT OF CASE

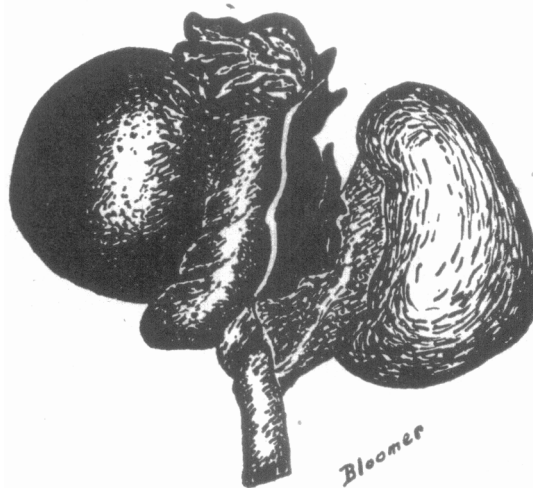
*History.*—Mrs. W., aged 33, white, married, was admitted to the service of Dr. Max Ballin, Nov. 6, 1921, complaining of excruciating abdominal pain of five hours' duration. The family and past histories were unimportant. She had had three children and no miscarriages. There was nothing in the past history to suggest any previous pelvic inflammation.

*Present Illness.*—Three days previous to admission she began having a constant dull aching pain across the lumbar region of the back. The following day the pain was more severe. Shortly before noon of the third day she was suddenly seized with agonizing cramps in the left lower quadrant of the abdomen, 2 inches (5 cm.) above the middle of Poupart's ligament. The pain was so severe that the administration of 1 grain (0.065 gm.) of morphin was necessary in the course of four hours. The pain was sharply localized to an area 1½ inches (3.8 cm.) in diameter, with some radiation down the inside of the left thigh as far as the knee. At no time was there any nausea or vomiting. The bowels moved well following an enema at noon.

The last menstrual period was normal and completed two days before the onset of the attack. The menstrual period prior to that also was normal.

*Examination.*—The patient looked very ill. The general examination was negative. The abdomen was level and tympanitic. There was an area of rigidity localized around the small area which was the site of the pain. Vaginal examination was negative on account of general tender rigidity, but we were sure there was no large cyst.

The temperature was 99.2 F.; pulse, 90; respiration, 20. Blood examination revealed 7,400 leukocytes with 78 per cent. polymorphonuclears. The urine was negative. Roentgen-ray examination detected no stones in the urinary tract.



Hydrosalpinx with twisted tube; ovary attached.

On account of the uncertainty of the diagnosis and in view of the patient's good general condition, it was decided to delay operation till morning. The pain was less severe during the night, while the patient's condition remained unchanged. Vaginal examination again revealed only tenderness in the left vault. We were unable to make an absolute diagnosis before operation. At first we favored ureteral calculus, but this was ruled out by the negative roentgen-ray

\* From the Second Surgical Division of Harper Hospital.

1. Whitehouse: Acute Torsion of Hydrosalpinx, Birmingham M. Rev. 81: 53, 1917, one case. Dearborn: Torsion of Hydrosalpinx, Boston M. & S. J. 184: 12 (Jan. 6) 1921, one case. Roeder, C. A.: Hydrosalpinx with Twisted Pedicle, J. A. M. A. 76: 515 (Feb. 19) 1921, one case, with bibliography of remaining nine cases.